

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:

County St. Mary's
 City or town Leonardtown Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 26 hours
 Hospital, institution, or street address where death occurred:
St Mary's Hospital
 How long in hospital or institution? 26 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Mary's
 City or town Marysange
 (If outside city or town limits write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Thomas Ashton

3. (b) Social Security Number

219-16-0266

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male Color Colored Widowed6. (b) Name of husband or wife Mary Catharine7. Birth date of deceased (mo., day, yr.) Dec-4-1904

8. AGE: Years Months Days If less than one day

43 10 20 hrs. min.9. Birthplace Clement St Mary's Maryland
(Town, county, and state)10. Usual occupation Laborer11. Industry or business same12. Name John Miles13. Birthplace St Mary's Co14. Maiden name Sara Ashton15. Birthplace St Mary's Co16. Informant Miss Marie YoungAddress Marysange Maryland17. Burial Date thereof Oct 28 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St Joseph CemeteryLocation Marysange Maryland18. Funeral director W. C. Mattingly SonsAddress Leonardtown Maryland19. 10/27 48 Caucasian
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 25 1948 at 1:30 P.M.21. I CERTIFY that death occurred on the date above stated; that deceased diedand that I last saw him live on 1948Immediate cause of death Intox. CharidInjuriesDUE TO Automobile accident

DUE TO

DUE TO

DUE TO

DUE TO

DUE TO

DUE TO

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DUE TO

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DUE TO

DUE TO

DUE TO

DURATION

26 Hrs.

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Oct 24 48

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Automobile acc. Injured at work? no23. SIGNATURE Francis F. Gurnwell ActingAddress Leonardtown Md. Date signed 10-26-48

M, D, or C

Date signed

10734
282

170c

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10725 282

1. PLACE OF DEATH:

County St. Mary's
 City or town Leonardtown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 12 hrs.
 Hospital, institution or street address where death occurred:
St. Mary's Hosp.
 How long in hospital or institution? 12 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County St. Mary's
 City or town Chesapeake
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. ✓
 (If rural, give LOCATION)
 2. (a) If veteran, name war ✓

3. (a) FULL NAME

James H. Bowman

3. (b) Social Security Number

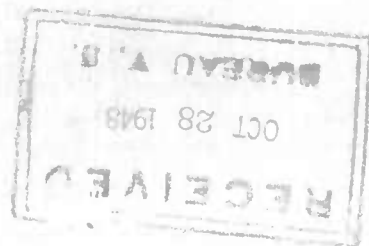
4. Sex male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Marie Bowman
 7. Birth date of deceased (mo., day, yr.) Sept. 7, 1917 6. (c) If alive, give age 31 years
 8. AGE: Years 31 Months 0 Days 0 If less than one day 0 hrs. 0 min.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 25, 1948 at 3:45 PM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19
 and that I last saw him alive on 19
 Immediate cause of death Respiratory
infection
 DURATION 19 hrs.
 Due to Automobile accident
 Due to ✓
 Other conditions ✓
 (Include pregnancy within 3 months of death)
 Major findings of operations ✓ Date of op. ✓
 Autopsy results ✓
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

9. Birthplace Maryland
 (Town, county, and state)
 10. Usual occupation Laborer
 11. Industry or business ✓
 12. Name Charles H. Bowman
 13. Birthplace Maryland
 14. Maiden name Francis Myers
 15. Birthplace Maryland
 16. Informant Charles H. Bowman
 Address Chesapeake, Md.
 17. Burial Date thereof 10/27/48
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory St. Joseph
 Location Morgansville, Md.
 18. Funeral director P. B. Robinson
 Address Leonardtown, Md.
 19. 10/25 48 Cardinal
 (Date rec'd by registrar) Registrar

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide accident Date of Oct 24, 48
 Where did injury occur? Chesapeake, St. Mary's, Md.
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) ✓
 Means of injury motor vehicle Injured at work? ✓
 23. SIGNATURE F. F. Greenwell acting
Registrar
 Address Leonardtown Date signed 10-25-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10726

Reg. Dist. No. 282

1. PLACE OF DEATH:

County ST. MARY'S
 City or town VALLEY LEE
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? LIFE
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County ST. MARY'S
 City or town VALLEY LEE
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

GEORGE HERMAN COPPAGE

3. (b) Social Security Number

219-16-0508

4. Sex MALE 5. Color or race WHITE 6. (p) Single, married, widowed, or divorced MARRIED
 6.(b) Name of husband or wife Clementine C. Coppage
 7. Birth date of deceased (mo., day, yr.) Aug. 18th 1900. 6.(c) If alive, give age 58 years
 8. AGE: Years 48 Months 1 Days 20 If less than one day _____ hrs. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 8 1948 at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19____, to 19____

and that I last saw him alive on 19____

Immediate cause of death

DURATION

Coronary ThrombosisundatedDue to Arterio-sclerosis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE Julius L. Lawrence

M. D. or other

Address Leonardtown, Md. Date signed 10/10/48

9. Birthplace St. Mary's Co. Md.
 (Town, county, and state)
 10. Usual occupation Chapman
 11. Industry or business _____
 12. Name John B. Coppage
 13. Birthplace St. Mary's Co. Md.
 14. Maiden name Susan Elizabeth Duke
 15. Birthplace St. Mary's Co. Md.
 16. Informant Mrs. Clementine C. Coppage
 Address Valley Lee, Md.
 17. BURIAL Date thereof 10-11-48
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Poplar Hill
 Location Valley Lee, Md.
 18. Funeral director W. C. HATTAPLEY SONS
 Address LEONARDTOWN, MD.
 19. 10/10 1948
 (Date rec'd by registrar) Registrar Charles

RECEIVED

OCT 20 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County St. Marys
City or town Leonardtown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 years
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Pa. County ---
City or town Willis Dam
(If outside city or town limits, write RURAL and give nearest town)
Street No. 242 PARRISH
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

William Alfred Fargo

3. (b) Social Security Number

195-09-7344

4. Sex 5. Color or race 6.(a) Single, married, or divorced

Male White Married

6.(b) Name of husband or wife Margaret Fargo

6.(c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Sept 24 - 1875

8. AGE: Years Months Days If less than one day
73 0 11 hrs. min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual occupation Retired Miner

11. Industry or business same

12. Name Eric Gregory Fargo

13. Birthplace

14. Maiden name Mary Sengier

15. Birthplace

16. Informant Margaret Fargo

Address Leonardtown, Ind.

17. Burial Date thereof Oct 8 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Pauls M.E.

Location near Leonardtown, Md.

18. Funeral director W. S. Mattingley, Sons

Address Leonardtown, Ind.

19. Oct 6 48 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 Oct 48 at 3 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 15 Aug 48 to 5 Oct 48
and that I last saw him alive on 5 Oct 48

Immediate cause of death Cardiac decompensation DURATION 2 1/2 hours

Due to arteriosclerotic cardiovascular disease

Due to

Other conditions Pulmonary tuberculosis 1 yr
(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Roy Gwyther, M.D. M. D. or other

Address Mechanicville Date signed 5 Oct 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 20 1948

BUREAU V. S.

RECEIVED

OCT 25 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11732

EVIDENCE FOR ADDITION
OF DATE OF DEATH IS ON:

Film No. 6119, 7-75-49.

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:

County ST. MARY'SCity or town Chesapeake Bay
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State W. VIRGINIA County RoanokeCity or town Beckley
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)2.(a) If veteran, name war WORLD WAR II ✓

3. (a) FULL NAME

WILLIAM KENNETH HOPKINS

3. (b) Social Security Number

295-16-6989

4. Sex

M

5. Color or race

C

6.(a) Single, married, widowed, or divorced

single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of
deceased (mo., day, yr.)Dec 3, -1913

8. AGE:

Years

Months

Days

If less than one day

24

hrs.

min.

9. Birthplace

VIRGINIA

(Town, county, and state)

10. Usual occupation

LABORER

11. Industry or business

MOTHER FATHER

12. Name

HERBERT HOPKINS

13. Birthplace

VIRGINIA

14. Maiden name

ELLEN MAE YOUNG

15. Birthplace

NORTH CAROLINA

16. Informant

HELEN E. SMITH

Address

E. Beckley, W. Virginia

17.

(Burial, cremation, or removal. Which?)

Date thereof

11-17-48

(month) (day) (year)

Cemetery or crematory

Greenwood

Location

E. Beckley, W. Virginia

18. Funeral director

C.B. TRENT

Address

E. Beckley, W. Virginia

19.

(Date rec'd by registrar)

19

11/18 - 48

Registrar

MEDICAL CERTIFICATION

Deceased DROWNED
20. DATE OF DEATH OCTOBER 18, 1948 at Beckley M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dead when first seenand that I last saw him alive on 19

Immediate cause of death

Asphyxia

Due to

Drowning

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of deceasedWhere did injury occur? Chesapeake Bay (City or town) St. Mary's (County) MD (State)Injured at home, farm, industry, public place (where?) Chesapeake Bay

Means of injury

DrowningInjured at work? yes

23. SIGNATURE

William I. Stone

M. D. or other

Address

Beckley, W. Va.

Date signed

11/18/48

RECEIVED

NOV 17 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Mary'sCity or town USNAS, Patuxent River, Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Two (2) Months

Hospital, institution, or street address where death occurred:

Dispensary, USNAS, Patuxent River, Md.How long in hospital or institution? Dead on arrival

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State North Carolina County UnknownCity or town Graham
(If outside city or town limits, write RURAL and give nearest town)Street No. Route # 1
(If rural, give LOCATION)2.(a) If veteran, name war None V

3. (a) FULL NAME

Mc DANIEL, Willard Ashley

3. (b) Social Security Number

- -

4. Sex

Male

5. Color or race

White US

6.(a) Single, married, widowed, or divorced

Single6.(b) Name of husband or wife - - - -6.(c) If alive, give age - years7. Birth date of deceased (mo., day, yr.) 2-1-27

8. AGE: Years Months Days If less than one day

21827hrs. min.9. Birthplace North Carolina
(Town, county, and state)10. Usual occupation U. S. Navy11. Industry or business U. S. Navy12. Name Unknown

13. Birthplace

14. Maiden name Unknown

15. Birthplace

16. Informant U. S. Naval Record

Address

17. Transportation Date thereof 10/31/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location Burlington, North Carolina18. Funeral director P. B. RobinsonAddress Leonardtown, Md.19. 10/31/48 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 30 October 19 48, at 3:28 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not attended 19 -, to - 19 -and that I last saw him alive on 19 -Immediate cause of death WOUND, Gunshot, Chest DURATIONDue to being shot by night watchmanDue to - - - -Other conditions - - -

(Include pregnancy within 3 months of death)

Major findings of operations - - -Date of op. -Autopsy results - - -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Homicide Date of 10-30-48Where did injury occur? Charlotte Hall, StMary's Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Public PlaceMeans of injury Shot by night watchman at work? No23. SIGNATURE R. R. BONAR LCDR MC USN

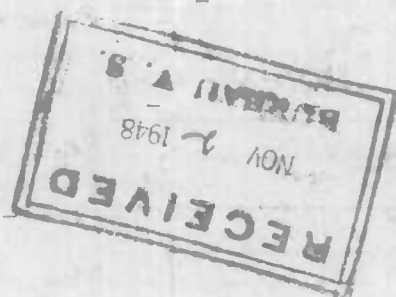
M. D. or other

Address USNAS, Patuxent River, Md. Date signed 10-30-48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Infant lived approximately 4 minutes.

M

C

DEATH

10730

MARYLAND STATE DEPARTMENT OF HEALTH ~~DEATH~~ **DEATH**
CERTIFICATE OF STILLBIRTH Reg. Dist. No. 158

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

<p>1. PLACE OF BIRTH:</p> <p>County <u>St. Marys</u></p> <p>City or town <u>NAS, Patuxent River, Md.</u> <small>(If outside city or town limits, write RURAL and give nearest town)</small></p> <p>Street address, hospital, or institution: <u>NAS, Dispensary, Patuxent River, Md.</u></p> <p>Length of mother's stay in County <u>15 years</u> <small>(How many years, or months, or days. SPECIFY WHICH)</small></p>	<p>2. USUAL RESIDENCE OF MOTHER:</p> <p>State <u>Maryland</u></p> <p>County <u>Baltimore</u></p> <p>City or town <u>Baltimore</u> <small>(If outside city or town limits, write RURAL and give nearest town)</small></p> <p>Street No. <u>5906 Bertram Ave.</u> <small>(If RURAL give LOCATION)</small></p>
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<p>3. Name of child <u>Baby Girl McDONALD (Unnamed)</u></p> <p>5. Sex <u>Female</u> 6. Twin or triplet <u>--</u></p>	<p>4. Date of birth <u>3 October 1948</u> Hour <u>2:25 A</u> M.</p> <p>7. No. of weeks pregnancy <u>Full Term</u></p>
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<p style="text-align: center;">FATHER OF CHILD</p> <p>8. Full name <u>Vincent McDONALD</u></p> <p>9. Color <u>White</u> 10. Age at time of this birth <u>26</u> yrs.</p> <p>11. Usual occupation <u>U. S. Navy</u></p>	<p style="text-align: center;">MOTHER OF CHILD</p> <p>12. Full maiden name <u>Doris MALKUS</u></p> <p>13. Color <u>White</u> 14. Age at time of this birth <u>23</u> yrs.</p> <p>15. Usual occupation <u>Home maker</u></p>
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16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 0
 (b) How many other children were born alive but are now dead? 0 (c) How many other children were born dead? 0

17. Did child die before labor? No During labor? No
 18. Pregnancy, complications of None

19. Labor: (a) Complications of None
 (b) Induced? No

20. (a) Was there an operation for delivery? Yes
(Yes or No)

(b) State all operations, if any
Episiotomy - Low forceps

(c) Did child die before operation? No
 During operation? No

23. (a) ~~Transportation~~ Date thereof 10/4/48
(Burial, cremation or removal) (month) (day) (year)
 (c) Cemetery or crematory Baltimore, Md.

24. (a) Funeral director P.B. Robinson
 (b) Address Leonardtown, Md.

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes Respiratory arrest
 (b) Maternal causes None apparent

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

Signature M.J. Costik
M.J. COSTIK, LTJG MCR USNR
(Specify if M. D., midwife, or other)

Address Dispensary, NAS, Patuxent River, Md.

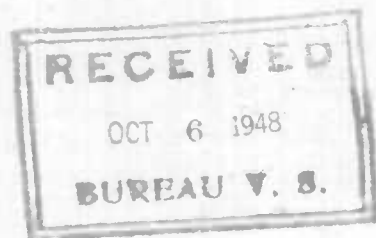
25. (a) 10/4/48 (b) Crematory
(Date rec'd by registrar) (Registrar)

26. (To be filled out if no physician was present at delivery.)
 The above certificate has been examined by me.
 Health Officer, per. _____

* See Instruction C on stub.

V. S. A10

T



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 282

1. PLACE OF DEATH:

County St. Francis
 City or town Leonardtown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? From home
 Hospital, institution, or street address where death occurred:
St. Francis Hosp. Leonardtown, Md.
 How long in hospital or institution? From home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County St. Francis
 City or town Cahley
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

JOHN PARKER

3. (b) Social Security Number

4. Sex Male
 5. Color or race colored
 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Sarah Kapper
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) April 4 1882
 8. AGE: Years 66 Months 6 Days 8 If less than one day _____ hrs. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH 18 October 1948 at 4:10 PM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9 Oct 48 to 12 Oct 48
 and that I last saw him alive on 12 Oct 48

Immediate cause of death Lobar pneumonia DURATION 3 day

9. Birthplace St. Francis, Md.
 (Town, county, and state)
 10. Usual occupation Farmer
 11. Industry or business Farmer
 12. Name John Parker
 13. Birthplace St. Francis Co. Md.
 14. Maiden name Emerge Parker
 15. Birthplace St. Francis, Md.

Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

16. Informant Joseph S. Parker
 Address Cahley, Md.
 17. Burial Date thereof Oct 15, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory St. Francis
 Location Leonardtown, Md.
 18. Funeral director W. C. Smathers, Jr.
 Address Leonardtown, Md.
 19. Oct 12 1948
 (Date rec'd by registrar) Registrar

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.
 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE J. R. Lythgoe, M.D.
 Address Freehillsville Date signed 12 Oct 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 20 1948

BUREAU V. S.

Evidence for addition of MARYLAND STATE DEPARTMENT OF HEALTH
the birth date shown on: 2411 N. Charles St., Baltimore

File No. G 117 OCT 26 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 284

1. PLACE OF DEATH:

County St. Mary's
City or town Rural - Near Mechanicsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MARYLAND County St. Mary's
City or town RURAL - NR. MECHANICSVILLE
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME

LAWRENCE LINTHICUM PARLETT

3.(b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced M

6.(b) Name of husband or wife Lucy Lavinia Parlett
June 22 - 1905 6.(c) If alive, give age 43 years
Date of birth (mo., day, yr.) June 9, 1903

8. AGE: Years 45 Months JUNE Days 9 If less than one day
hrs. min.

9. Birthplace ANNAPOLIS MD.
(Town, county, and state)

10. Usual occupation GAS DIST.

11. Industry or business BOTTLED GAS

12. Name PERCY K. PARLETT

13. Birthplace ANNAPOLIS

14. Maiden name FLORANCE EUGENIA LINTHICUM

15. Birthplace ANNAPOLIS, MD.

16. Informant Lucy Lavinia Parlett

Address Mechanicsville Md.

17. Burial Date thereof 10-23-1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Adon Hill

Location Suitland Md.

18. Funeral director W.W. Chambers Co.

Address 514 11th St. S.E. Wash. DC

19. Oct. 20 19 48 Elmer S. Carter
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 20 Oct 19 48 at 7:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4 Oct 19 48 to 20 Oct 19 48
and that I last saw him alive on 19 Oct 19 48

Immediate cause of death
Coronary insufficiency
(angina pectoris)

DURATION

1 year

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Roy Lytner MD

Address Mechanicsville Date signed 20 Oct 48

MARGIN RESERVED FOR BINDING

VS A15 9-45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 21 1948

BUREAU V. S.

PLEASE WRITE PLAIN INK WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

10733

1. PLACE OF DEATH:

County St. Mary'sCity or town Chesapeake Bay
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Virginia County LeicesterCity or town Pilmarnock
(If outside city or town limits, write RURAL and give nearest town)Street No. 1
(If rural, give LOCATION)2. (a) If veteran, name war 1

3. (a) FULL NAME

Harry Washington Smith

3. (b) Social Security Number

230-12-40094. Sex male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Dora L. Smith6. (c) If alive, give age 19 years7. Birth date of deceased (mo., day, yr.) July 3 19058. AGE: Years 43 Months 1 Days 1 If less than one day hrs. min.9. Birthplace Virginia
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business

12. Name James W. Smith13. Birthplace Virginia14. Maiden name Eunice Taylor15. Birthplace Virginia16. Informant Dora L. SmithAddress Pilmarnock Virginia17. Burial Date thereof 11/17/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Home CemeteryLocation Pilmarnock Virginia18. Funeral director Robert M. CampbellAddress Pilmarnock Virginia19. 11/16 48 Cavalier
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 19 48 at P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dead when first seen 19 48and that I last saw him alive on 19

Immediate cause of death

Due to AsphyxiaDue to Drowning

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 10/18/48Where did injury occur? Chesapeake Bay St. Mary's Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) BoatMeans of injury Drowning while in boat Injured at work? yes23. SIGNATURE W. J. Taylor M.D.
M. D. or otherAddress Leicester Md. Date signed 11/12/48

RECEIVED

NOV 18 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

50

10734

282

Reg. Dist. No.

1. PLACE OF DEATH:

County..... St. Marys
 City or town..... (Rural) Loveville
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... St. Marys
 City or town..... Loveville (rural)
 (If outside city or town limits, write RURAL and give nearest town)

Street No.....
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Annie Veronica Somerville

3. (b) Social Security Number

4. Sex..... female 5. Color or race..... colored 6.(a) Single, married, widowed, or divorced..... single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)..... April 10, 1904 6.(c) If alive, give age..... years

8. AGE: Years..... 44 Months..... Days..... If less than one day..... hrs. min.

9. Birthplace..... Maryland
 (Town, county, and state)

10. Usual occupation..... Housekeeper

11. Industry or business.....

12. Name..... James T. Somerville13. Birthplace..... Maryland14. Maiden name..... Heneritta J. Somerville15. Birthplace..... Maryland

16. Informant..... Bernard A. Somerville
 Address..... Loveville, Maryland

17. Burial Date thereof..... 10/26/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... St. JosephLocation..... Morganza, Maryland18. Funeral director..... P.B. RobinsonAddress..... Leonardtwn, Maryland

19. 10/25-48 Registrar
 (Date read by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... October 23 19..... 48 6:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Jan 19..... 46 to..... Oct 19..... 48
 and that I last saw him alive on..... Oct 22 19..... 48

Immediate cause of death.....
Cancer of Breast DURATION..... 3 yrs -

Due to.....

Due to.....

Other conditions..... breast metastasis

(Include pregnancy within 3 months of death)

Major findings of operations..... above

Date of op.....

Autopsy results..... none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Alvin A. Welch M.D. M. D. or other

Address..... Chapin Md Date signed..... 11/4/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 28 1948
BUREAU A. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 288

10735

950

1. PLACE OF DEATH:

County St. MarysCity or town Mechanicsville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. MarysCity or town Mechanicsville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Dosha D. Thompson

3. (b) Social Security Number

4. Sex <u>female</u>	5. Color or race <u>white</u>	6. (a) Single, married, widowed, or divorced <u>widowed</u>
-------------------------	----------------------------------	--

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) February 22, 1873

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>			_____ hrs. _____ min.

9. Birthplace Maryland
(Town, county, and state)10. Usual occupation None

11. Industry or business _____

12. Name Alexander Hancock13. Birthplace Maryland14. Maiden name Elenor Davis15. Birthplace Maryland16. Informant Guy F. HillAddress Mechanicsville, Md.17. Burial Date thereof 10/8/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory All FaithLocation Charlotte Hall, Md.18. Funeral director P. B. RobinsonAddress Leonardtown, Md.19. 10/7 48 Cause
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 6 1948 at 10:30 A.M.21. I CERTIFY that death occurred on the date above stated that I attended deceased from Oct 15 1948 to Oct 5 1948
and that I last saw him alive on Oct 4 1948

Immediate cause of death _____ DURATION _____

Due to Chronic Cardiac ?Due to Serulity ?

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Alayson C. Welch
M. D. or other _____Address Chesapeake Md. Date signed 10/6/48

initialed


RECEIVED
OCT 11 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10736

Reg. Diat. No. 282

1. PLACE OF DEATH:

County St. Marys
 City or town Hollywood (rural)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County St. Marys
 City or town R.F.D. Hollywood
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2. (a) If veteran, name war.

3. (a) FULL NAME

George Alfred Wathen

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) April 30, 1928 6. (c) If alive, give age..... years

8. AGE: Years 20 Months 5 Days 14 If less than one day
 hrs. min.

9. Birthplace Maryland
 (Town, county, and state)

10. Usual occupation Laborer & truck driver11. Industry or business Lumber Mill12. Name John W. Wathen13. Birthplace Maryland14. Maiden name Anna M. Long15. Birthplace Maryland16. Informant John W. WathenAddress R.F.D. Hollywood, Md.

17. Burial Date thereof 10/16/48
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory St. AloysiusLocation Leonardtown, Md.18. Funeral director P.B. RobinsonAddress Leonardtown, Md.19. 10/15-48 Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

2D. DATE OF DEATH October 14 1948 9:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Dead when first seen.

and that I last saw him..... alive on..... 19.....

Immediate cause of death..... DURATION

Extreme head injury immediate

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

(Cover) Accident Date of 10/14/48
 Accident, suicide, or homicide

Where did injury occur? Hollywood, St. Marys, Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) industryMeans of injury work truck Injured at work? yes23. SIGNATURE Julia J. Lane MDAddress Leonardtown, Md M. D. or otherDate signed 10/15/48

From report of Motor-Vehicle Acc. (Comm. of M.V.) - "Deceased had
body of veh. hoisted up and was working on same when hoist gave
way and fell on victim. (non-traffic)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Marys
 City or town Leonardtown Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Marys
 City or town Leonardtown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 97. D. # 2
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

John I. Wathers
 4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife Margaret M. Wathers
 6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) march 15-1866

8. AGE: Years 82 Months 7 Days 12 If less than one day hrs. min.

9. Birthplace Charles Maryland
 (Town, county, and state)

10. Usual occupation farmer

11. Industry or business same

12. Name Benedict Wathers

13. Birthplace Charles Co

14. Maiden name Jenkins

15. Birthplace Charles Co

16. Informant Mitchell Wathers

Address Leonardtown Maryland

17. Burial Date thereof Oct 30-1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Alphonsus Cemetery

Location Leonardtown Maryland

18. Funeral director W.C. Mattingley Sons

Address Leonardtown Maryland

19. 10/29 1948 C. C. C. C.
 (Date rec'd by registrar) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1948 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 1944, to Oct 27 1948

and that I last saw him alive on Oct 26 1948

Immediate cause of death Coronary vascular disease DURATION 48 Hrs

Arteriosclerosis

Due to

Due to Arteriosclerosis 5 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Francis F. Freeman M. D. or other

Address Leonardtown Md Date signed Oct 29 1948

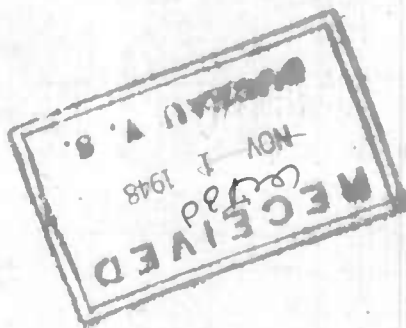
MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10737

93d



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10738 282

1. PLACE OF DEATH:

County St Marys
City or town Leonardtownt, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
St Marys Hospital
How long in hospital or institution? 4 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County St Marys
City or town St. Inigoes
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Alice Belle Weasenforth

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Y. William H Weasenforth
6.(c) If alive, give age 71 years
7. Birth date of deceased (mo., day, yr.) May 6 1881
8. AGE: Years 67 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Indiana
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business _____
12. Name George F Brown
13. Birthplace Unknown
14. Maiden name Annie Smith
15. Birthplace Penn

16. Informant William H. Weasenforth
Address St. Inigoes, Md.
17. Removal Removal Date thereof Oct 16 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory _____
Location Keyser, West Virginia
18. Funeral director P. B. Robinson
Address Leonardtownt, Md.
19. 10/15 48 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15 1948 at 1:30A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-7-48 to 10-15-48
and that I last saw him alive on 10-14-48
Immediate cause of death Pneumonia DURATION 2 days
Due to Influenza 20 days
Due to Empyemias of gall bladder ?
Other conditions Chronic Nephritis ?
(Include pregnancy within 3 months of death)
Major findings of operations _____ Date of op. _____
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____
23. SIGNATURE E. J. Thompson M. D. or other M. D.
Leopoldo Rasc Date signed 10-15-48
Address _____

MARGIN RESERVED FOR BINDING

9-45-15M

V8 A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians, please write the causes of death clearly and legibly.

